

## CAMPAIGN FINANCE REPORT

### Name and Address of Filing Candidate or Committee

<b>Name:</b>	<i>Brace for Lehigh</i>
<b>Address:</b>	<i>5559 Route 145</i>
<b>City, State, Zip:</b>	<i>Laurys Station PA 18059</i>

### Report Filed By

<b>Candidate</b>		<b>Committee</b>	<i>X</i>
<b>Type of Report</b> <i>30 Day Post Election</i>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
	<i>11/08/2011</i>	<b>YES</b>	
<i>TERMINATION REPORT</i>		<i>No</i>	<i>No</i>
<b>Office Sought By Candidate</b>	<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner At-Large</i>	<i>D</i>	<i>Lehigh</i>	

### Summary of Receipts & Expenditures

<b>From:</b>	<i>10/25/2011</i>	<b>To:</b>	<i>11/28/2011</i>
<b>A. Amount Brought Forward From Last Report</b>			<i>1,254.03</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>1,546.44</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>2,800.47</i>
<b>D. Total Expenditures (from Schedule III)</b>			<i>2,062.50</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>737.97</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>4,838.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>0.00</i>

\*Complete reports including signatures are on file in the Office of Voter Registration.

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Brace for Leigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <i>271.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>775.44</i>
	TOTAL for the Reporting Period	(2) \$ <i>775.44</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>500</i>
	TOTAL for the Reporting Period	(3) \$ <i>500</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>1546.44</i>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <i>0</i>

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>Brace for Lehigh</b>	Reporting Period From <b>10/25</b> To <b>12/2</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Brian Simms</b>	10	9	11	\$ 100
Mailing Address <b>PO Box 15941</b>	MO.	DAY	YEAR	\$
City <b>Philadelphia</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19103-</b>				
<b>Mary Lou Parry</b>	10	5	11	\$ 250
Mailing Address <b>4050 Friedenbunrg Rd</b>	MO.	DAY	YEAR	\$
City <b>Oley</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19547-</b>				
<b>Ellen Passman</b>	11	5	11	\$ 75
Mailing Address <b>5152 Foxcraft Dr</b>	MO.	DAY	YEAR	\$
City <b>Schnecksville</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>18078</b>				
<b>Sara Jane Brace</b>	11	4	11	\$ 250
Mailing Address <b>227 N 9th St</b>	MO.	DAY	YEAR	\$ 100.44
City <b>Allentown</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>(410)-</b>				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

PAGE TOTAL  
\$ **775.44**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES  
OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25/11</i> To <i>12/2/11</i>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Roofers Local 30</i>	<i>11</i>	<i>16</i>	<i>11</i>	\$ <i>500</i>
Mailing Address <i>6447 Torresdale Ave</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i> State <i>PA</i> Zip Code (Plus 4) <i>19135-</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
\$ *500*

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D  
ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25/11</i> To <i>12/2/11</i>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ 0

**PART E  
OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>0</i>
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# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>58.00</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <del><i>4780.00</i></del>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <i>4780.00</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	<b>\$ <i>4,838</i></b>
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SCHEDULE II  
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>10/25</u> To <u>12/2</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$

**PART G  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
--	--

				DATE	AMOUNT
Full Name of Contributor <i>Lehigh Valley Association of Realtors PAC</i>				MO. <i>12</i> DAY <i>1</i> YEAR <i>11</i>	\$ <i>4750</i>
Mailing Address <i>105 Commerce Way</i>				MO. DAY YEAR	\$
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18107-</i>		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution <i>Mailing, Robo Call</i>	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
\$ *4750*

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Brace For Lehigh</b>	Reporting Period From <b>10/25</b> To <b>12/2</b>
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To Whom Paid <b>LV Print Center</b>	MO. <b>11</b>	DAY <b>02</b>	YEAR <b>11</b>	Amount <b>\$ 662.50</b>
Mailing Address <b>1337 Nelson St</b>		Description of Expenditure <b>Printing</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>US Postal Service</b>	MO. <b>11</b>	DAY <b>3</b>	YEAR <b>11</b>	Amount <b>\$ 900</b>
Mailing Address <b>442 W Hamilton St</b>		Description of Expenditure <b>Postage</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>Sara Jane Brace</b>	MO. <b>11</b>	DAY <b>12</b>	YEAR <b>11</b>	Amount <b>\$ 250</b>
Mailing Address <b>227 N 9th St</b>		Description of Expenditure <b>Office supplies, ink, paper, envelopes, labels</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>		

To Whom Paid <b>Sara Jane Brace</b>	MO. <b>11</b>	DAY <b>23</b>	YEAR <b>11</b>	Amount <b>\$ 250</b>
Mailing Address <b>227 N 9th St</b>		Description of Expenditure <b>Postage, Envelopes</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 2062.50**

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>10/25</i> To <i>12/2</i>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED			MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ <i>0</i>